

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/12/2005-90001-033-\$150.00-\$150.00

2005 OCT 13 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2nd MOORE CR2E034 (5/05)

DOCUMENT # P04000170245 1. Entity Name CONFECTION SERVICES INC					
Principal Place of Business 1582 W 73 ST HIALEAH FL 33014				Mailing Address 1582 W 73 ST HIALEAH FL 33014	
2. Principal Place of Business 9695 NW 79 AVE Suite, Apt. #, etc. 17		3. Mailing Address 9695 NW 79 AVE Suite, Apt. #, etc. 17		4. FEI Number 20-2037624	
City & State HIALEAH GARDENS FL		City & State HIALEAH GARDENS FL			
Zip 33016		Zip 33016			
Country USA		Country USA			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				☒ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BARRERA, JORGE 1582 W 73 ST HIALEAH, FL FL 33014				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Jorge Barrera</u> 9/6/05 Signature, typed or printed name of registered agent and fee if applicable (If not, Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVTS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BARRERA, JORGE		NAME		
STREET ADDRESS	1582 W 73 ST		STREET ADDRESS		
CITY- ST- ZIP	HIALEAH FL 33014		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Jorge Barrera</u>			9/6/05 2052311666		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		